

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

526031

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		(1)				
6		(1)				
7		(1)				
8		(1)				
9		(1)				
10		(1)				
11		(1)				
12		(1)				
13		(1)				
14		(1)				
15		(1)				
16		(1)				
17		(1)				
18		(1)				
19		(1)				
20		(1)				
21		(1)				
22		(1)				
23		(1)				
24	1					
25		1				
26		2				
27		2				
28		2				
29	1					
30		1				
31		1				
32		1				
33		4				
34		4				
35		(1)				
36		(1)				
37		(1)				
38	1					
39	1					
40		(1)				
41		(1)				
42		(1)				
43		2				
44		2				
45		(1)				
46		(1)				
47		(1)				
48		(1)				
49	1					
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		(1)				
53	1					
54		1				
55		1				
56		1				
57		4				
58		(1)				
59		(1)				
60		(1)				
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96						
97						
98						
99						
100						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	69	←		←		←
TOTAL CLAIMS	76					